

Provider Details

Name: Marlborough Unit - Parklands Court Residential and Nursing Care Home

Address: 56 Park Rd, Bloxwich, Walsall WS3 3ST

Service Type/ Expertise: Dementia

Registered Manager: Yvonne Russon

Unit Manager: Andrea Charlesworth

Home Capacity: Licensed up to 23 residents. 23 single occupancy rooms some En-suite.

Parklands Court Residential and Nursing Care Home is owned by Advinia Health Care.

The home was inspected by the Care Quality Commission (CQC) 26th March 2019. It was rated as overall "Requires improvement."

Link to report: https://www.cqc.org.uk/location/1-4413482581?referer=widget3

Food hygiene rated as 3 out of 5.

Link: https://ratings.food.gov.uk/enhanced-search/en-GB/%5E/WS3%203ST/Relevance/0/%5E/%5E/0/1/10

Authorised Representatives

Name: Tom Collins - Role: Engagement and Information Lead

Name: Denise Robinson - Role: Volunteer (training).

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

Access is from the main car park area to the top of the site. Marlborough unit is one part of the single storey building. The exterior appears to be maintained with access to small areas of garden and seating areas from residents' rooms and access internally. There is no CCTV evident and lighting is evident at upper and lower levels.

The building exterior appeared to be in good repair with no obvious maintenance issues.

Internal

Entering the communal area was by a doorbell which was answered by a staff member. We were asked to sign in the visitors' book. We entered a covered glazed walkway to the main lounge area of the Marlborough Unit.

There is a large main lounge area which had spaces and rooms just off it. There was a small kitchen area which was used to distribute food from the main kitchen when received as well as for supplying hot/cold drinks.

There was a conservatory area which is used a private space or an area to sit and see the small rear garden at the back of the property. There was some damp/peeling paint in this area which will need addressing.

The unit managers office was situated with a view to the lounge where residents and relatives were positioned.

The lounge was spacious and accommodated the specialist chairs and hoisting equipment residents needed. There was a large TV which was turned on. Residents were also attended by staff.

We undertook a tour of the unit with the manager visiting vacant toilets and bathrooms. They appeared to be clean and there was no odour apparent. We were able to view vacant bedrooms which were simply laid out but had elements of private items such as photographs which related to the resident. Décor was neutral with no splash of colour.

Fire Extinguishers were maintained on 3/8/19 and evidence of Portable Appliance Testing was dated 2/4/19. Fire exits were clearly marked with no impediment to exit safely.

Resident Numbers

At the time of our visit there were 23 residents.

Staff Numbers

- Unit Manager x1
- Mornings 1 Nurse and 5 carers
- Afternoons 1 Nurse and 5 carers
- Nights 1 Nurse and 2 Carers
- 2 cleaners (rota).

Totalling 5 Nurses, 12 Carers, 1 Activity co-ordinator/carer, 2 maintenance staff, 1 Chef and 6 kitchen assistants (rota).

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

- 1. Essential services.
- 2. Access.
- 3. A safe, dignified quality service.
- 4. Information and education.
- 5. Choice.
- 6. Being listened to.

- 7. Being involved.
- 8. A healthy environment.

We observed that residents appeared well presented, dressed and their hair and general presentation was clean and well kept.

We tried to engage with residents to gain their views around their care and facilities. However, due to associated medical conditions/cognitive impairments, they were unable to share these at this time.

We were able to chat with one bed bound resident who was cognitive. They were very happy with the care they received. They had recently purchased a large 55-inch TV screen for their room and were quite happy to remain in bed. They said that they had choice relating to when they wake/get up, choose their clothing, taking part or not taking part in activities as well as when they wish to go to bed/sleep.

They felt that their dignity is well maintained that their wishes were respected and that they felt safe in the home. If they needed anything the staff were always on hand to sort.

The call buzzer was in easy reach of the resident. There was evidence of drinks on the table to hand.

They were not aware of any resident/relative meetings.

There were a couple negative comments:

- 1. That their room lacked a splash of colour in the décor and was bland.

 After a conversation with the Manager it was established that the resident will be moved to another unit as their nursing/care needs had changed and reduced and that they were being moved to a more suitable unit to meet their current needs. That unit had recently been decorated and they will look at further decoration when the resident is moved.
- 2. Access to a dentist is a problem. They had not seen one for a while.

Residents comment:

"Girls work really hard"

Family/ Relative and Carer Experiences and Observations

During the visit we spoke to four relatives.

Relative 1

They stated they were satisfied with their relative's care. The relative sees care professionals regularly and it had been over 12 months since they had been in hospital.

They were unsure if resident/relatives' meetings take place. They leave at 3.00pm. They are updated by staff on a daily/regularly basis about their relative's care and status, but less formally. They had not made any complaints.

Relative 2

They stated they are always made to feel welcome by staff when visiting the unit. The staff communicate face to face about the care and status of their relative.

Their relative has visits from District Nurses to change dressings as well as other care professionals.

They have observed activities taking place as well as observing visits form local school children. In summer the resident is taken to the garden area. The resident has also celebrated a recent birthday. They felt that if they asked for something to be changed it would be done. The only negative comment they had was that they felt there should be more staff due to the needs of the residents at this unit.

Relative 3

Again, they also felt welcomed by staff at the unit. They said that their relative/resident had regular visits from care professionals such as GP, optician, chiropodist etc. However, they were unsure if a dentist visits.

The relative receives snacks and drinks

They had recently celebrated Christmas with the resident with their other family relatives. Also, the resident's birthday was celebrated and that their relative has been taken out from the home in the past.

The relative also felt that there should be more staff on the unit especially around meal times to assist residents to eat.

Relative 4

They are kept informed about their relative's care/status and if necessary, the staff calls the relative at home with updates/information. They stated the Manager is friendly and staff are very pleasant.

A comment was made that the décor could be brighter.

The relative mentioned that they felt that staff were rushed at mealtimes as they have a lot to do and residents needs are high.

We asked if resident/relative meetings take place. Some relatives were not aware of them taking place but commented that they are updated regularly and felt that they could ask questions at any time.

Comments by relatives:

- "Happy with everything"
- "Always been happy"
- "Girls work really hard"
- "Very happy what getting"

Activities

We were informed that each unit has an Activity Co-Ordinator. They are in turn supported by a Site Activity Co-Ordinator. We observed interaction with residents as valentine cards and some personal care such as nail care was being delivered. There was evidence of resident celebrations as there was a Happy Birthday banner across a resident's door.

Residents and national events are celebrated, and residents are taken into the garden area in warmer times. There have also been external visits to local shops.

Activities have included sensory activities, light ball exercises, watching films, using textured items to stimulate feel and response. There were coffee mornings and visits from the local clergy. Also, there has been external entertainment from singers and local children/school visits.

When speaking the Co-Ordinator for the unit they did mention that they would like to deliver more dementia-based activities and some awareness and training would help as well as resources.

We were advised that a piece of sensory equipment was being evaluated to benefit residents especially those with dementia or limited response capacity. This would be financed from monies raised by the activities team and other staff, not a direct purchase by the provider.

After a conversation with the Manager it was indicated that such equipment, whilst fantastic and really will help residents, there are other equipment which is essential that the provider does purchase.

Catering Services

The home has a food hygiene rating of 3 out of 5.

Link: https://ratings.food.gov.uk/enhanced-search/en-GB/%5E/WS3%203ST/Relevance/0/%5E/%5E/0/1/10

Food is cooked at the main kitchen on site and transported to a satellite kitchen just off the main lounge area of this unit. It is then served to residents who were mainly seated in their own chairs.

Assisted feeding was given by carers as well as visiting relatives. We asked about how food allergies and food styles were recorded and communicated, and we were advised that this information is held on individual care plans and the kitchen is informed of any changes.

The food appeared to be a good in terms of quality and quantity and smelled inviting.

We were advised that a new Chef had been recruited and the site Manager was overseeing the quality and servings of food now being delivered.

A Healthwatch Walsall colleague's visit and comments to the main kitchen area where food is prepared, cooked and dispatched to the satellite units below:

"We entered the kitchen area which appeared to be clean and well organised. Food was kept in a pantry and walk-in fridges. We observed a good amount of fresh vegetables and fresh fruit available plus snacks to be distributed to the units.

We were informed that residents are offered a varied choice of menu. We observed meals being prepared including the piping of pureed food to improve appearance.

The chef confirmed that new menus were being tried along with different levels of seasoning to offset flavour loss as a result of pureed and similar food requirements. Some menu items had not been fully appreciated and were being substituted to ensure that everyone appreciated the varied menu".

Staff Experiences and Observations

We observed between 4 and 5 staff plus the unit manager.

We interviewed the unit Manager who was observed at various times interacting with residents and relatives in a friendly manner. They hold a level 5 NVQ and were interested in achieving NVQ level 6 as well as achieving a Nursing Associate standard.

They felt supported by management and felt that they had a good team with a good team morale.

Staff have a training matrix and training is a mix of E-learning (Your Hippo) and external organisation delivery which included safeguarding, medication administration etc.

We interviewed a staff member who had recently been employed. They hold NVQ level 2 in care and are progressing onto level 3. They also felt very supported in their role. Residents needs are communicated via handovers and Seniors. They felt that there was adequate staff cover to meet the needs of the residents.

Summary, Comments and Further Observations

- Lack of visiting dentist
- Relatives felt that more staff may be needed especially around meal/eating times.
- Décor whilst of good condition lacked colour and a homely feel.
- Food hygiene currently at 3 out of 5.
- Residents and relatives feel cared for and welcomed.
- Residents and relatives are not aware of formal resident/relative meetings.

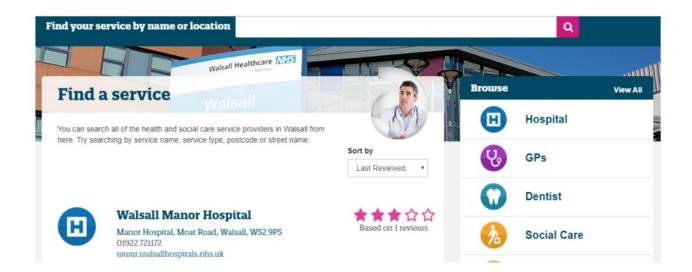
Recommendations and Follow Up Action

- Seek a local dentist(s) to maintain resident visits/checks.
- Formally announce/record resident and relatives' meetings so that parties remember.
- Consider using more colour, alternative decorating styles for residents and staff with a less clinical feel
- Achieve food standard rating of 5 out of 5.

Provider Feedback

Please check the draft report for validity, spelling errors. Also provide any response to the report by Email to be inserted here once received.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre. Whether it's a: compliment, concern or complaint. Link: https://healthwatchwalsall.co.uk/services/



DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.





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